

Name
in
Full

Robert Boardley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|--|------------------------------------|---------------------------------------|---------------|----------|------|
| Died at <u>Lo. Marlboro</u> | | Town | County <u>Calvert</u> | | MARYLAND | |
| Date of death <u>1908</u> | Month <u>April</u> | Day <u>17</u> | Years <u>74</u> | Age <u>74</u> | Months | Days |
| Sex <u>Male</u> | Color or Race <u>African</u> | Birth-place <u>Calvert Co.</u> | | | | |
| Occupation <u>Farmer</u> | Where Residing if not at place of death <u>—</u> | | | | | |
| Married, Single or Widowed <u>Widow</u> | Name of Wife or Husband <u>Mary Boardley</u> | Father's Name <u>John Boardley</u> | Father's Birthplace <u>Calvert Co</u> | | | |
| Mother's Maiden Name <u>Charlotte Clark</u> | Mother's Birthplace <u>" "</u> | | | | | |
| Name of person giving information <u>James Boardley</u> | How related to deceased <u>Son</u> | | | | | |

CAUSES OF DEATH

120

How long

12 months

PHYSICIAN
OR CORONER

Primary

Chronic diffuse Nephritis

Immediate?

Are the name, age, sex, color, date and place correctly given above?

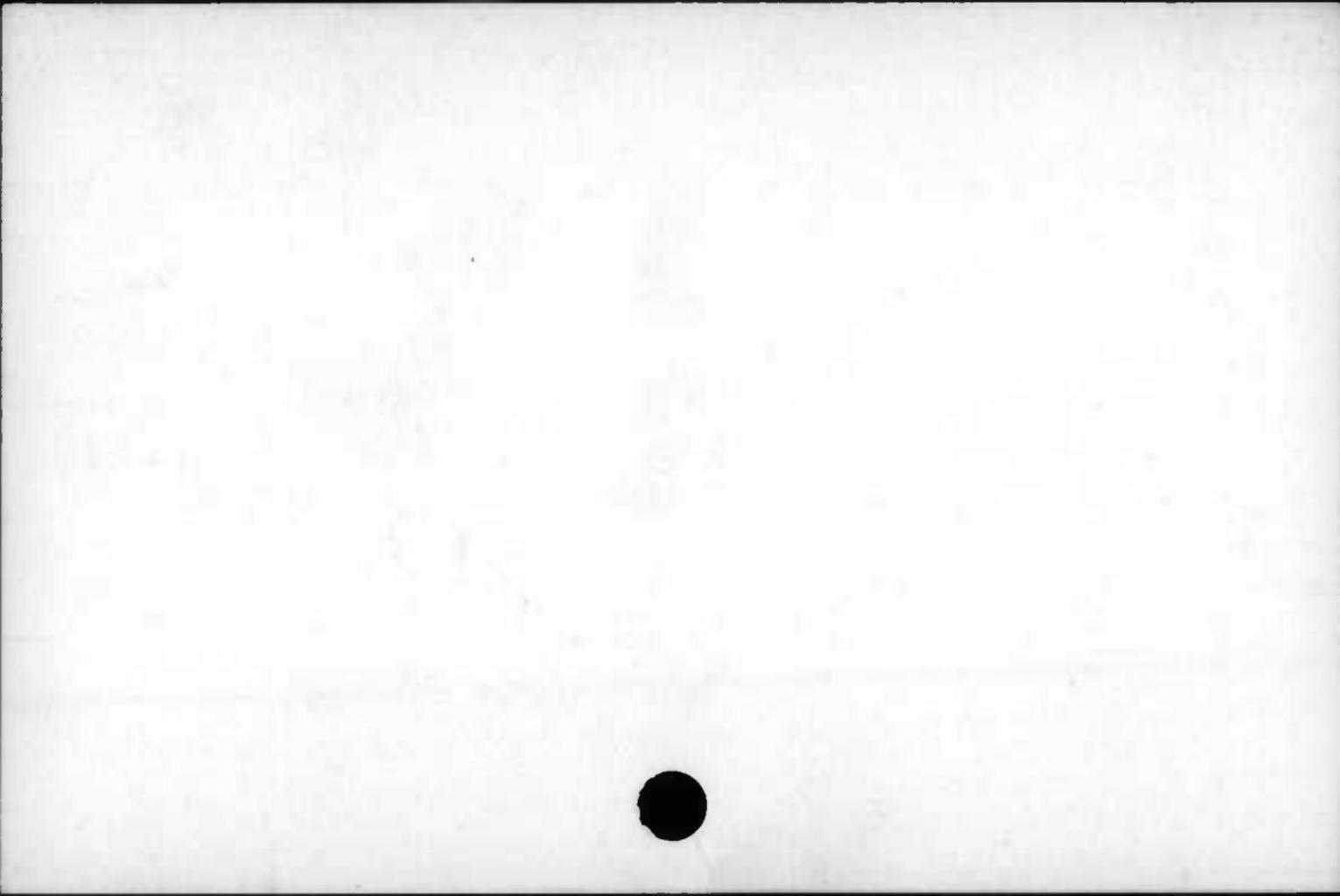
Yes

Signature of Physician

Address

E. H. Hinman
Lower Marlboro
Md.

Accident or Suicide?



Name
in
Full

Annie Marie Granfield

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|---------------------------|----------|----------|--------|
| Died at | Town | County | MARYLAND | | |
| Date of death 1908 | Month April | Day 7 | Years — | Months 3 | Days — |
| Sex Female | Color or Race White | Birth-place Calvert Co Md | | | |
| Occupation Nurse | Where Residing if not at place of death | | | | |
| Married, Single or Widowed Single | Name of Wife or Husband — | | | | |
| Father's Name John H Granfield | Father's Birthplace Washington DC | | | | |
| Mother's Maiden Name Annie Johnson | Mother's Birthplace St Marys Md | | | | |
| Name of person giving information John H Granfield | How related to deceased Father | | | | |

CAUSES OF DEATH

18

How long

How long

PHYSICIAN
OR CORONER

Primary

Erysipelas

Immediate

Are the name, age, sex, color, date and place correctly given above?

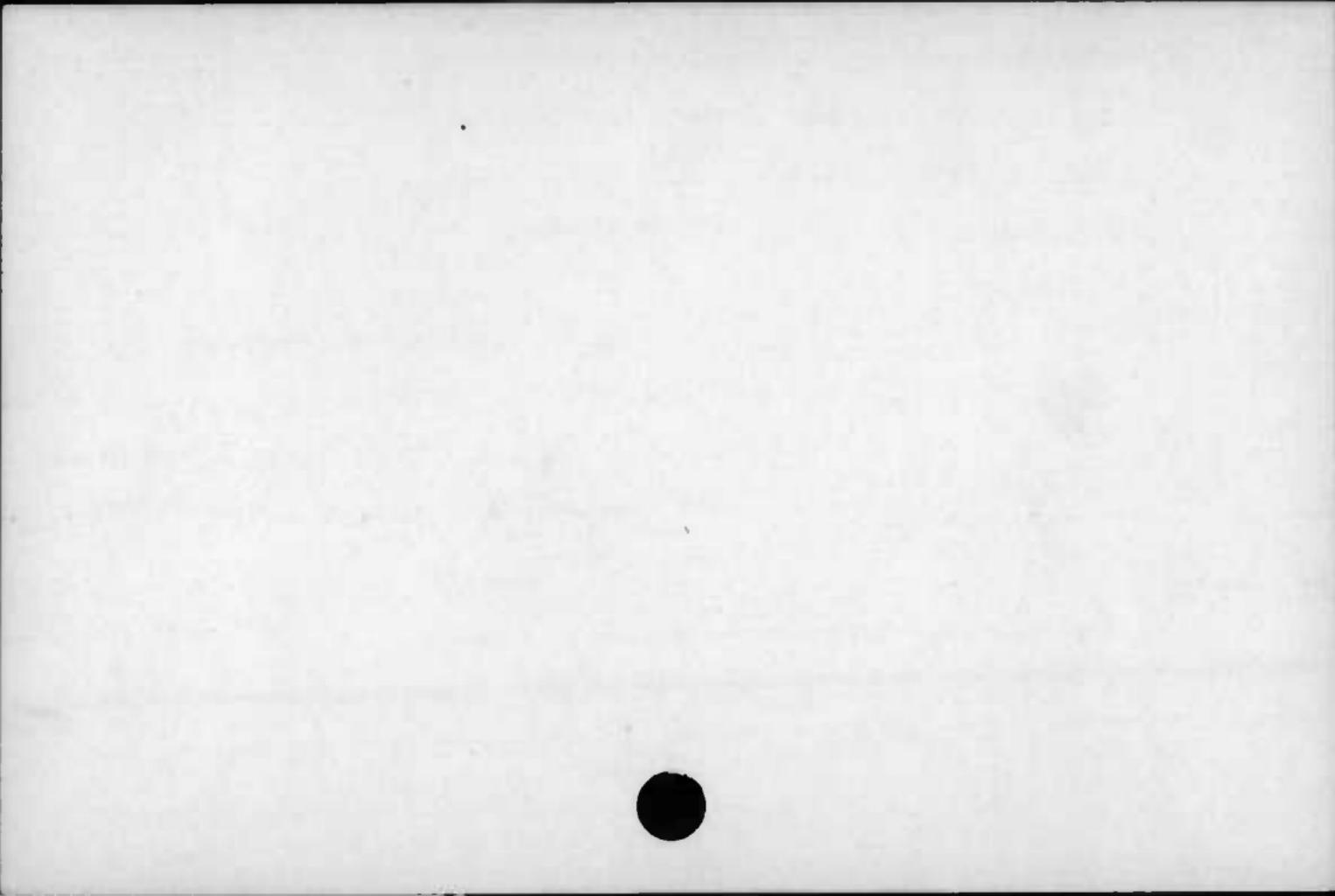
Yes

Signature of Physician

Address

Dr F Chambers MD
Lusby, Calvert Co Md

Accident or Suicide?



Name
in
Full

Thomas Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|-------------------------------|--------------|----------|------|
| Died at Huntingtown Calvert | | County | | MARYLAND | |
| Date of death 1908 | Month April | Day 30 | Years Age 69 | Months | Days |
| Sex Male | Color or Race white | Birth-place Cal. Leo. | | | |
| Occupation Farmer | Where Residing if not at place of death Not known | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Not known | | | | |
| Mother's Maiden Name " | " | Father's Birthplace Not known | | | |
| Name of person giving information | How related to deceased Grand Son | | | | |
| Wayne Cockrane | | | | | |

CAUSES OF DEATH

142

| | | |
|--|-----------------------------------|------------------------------------|
| Primary | Chronic Suppuration of knee joint | How long 2 yrs. |
| Immediate | Gangrene of foot | How long 1 week |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician J.W. Leitch |
| | | Address |
| Huntingtown, Md. | | |
| Accident or Suicide? | | |



Name
in
Full

Robert Johnson
Cove Rd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--------|----------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | 33 | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | James Johnson | | | | |
| Mother's Maiden Name | Margaret Daugh | | | | |
| Name of person giving information | James Johnson | | | | |
| CAUSES OF DEATH | | | | | |
| Primary | Bronchitis | | | | |
| Immediate | 90 | | | | |
| Are the name, age, sex, color, date and place correctly given above? | How long 3 or 4 weeks | | | | |
| Signature of Physician | Dr J Chambers | | | | |
| Address | Sub-registrar 374 Linsky, Calvert Co Md | | | | |

PHYSICIAN
OR CORONER

Yes

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide



Name
in
Full

Martha A. Soper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|------------------------|-------------------------|-------------|---|--------------|------|
| Died at | Willow | Town | Calvert | County | MARYLAND | |
| Date of death | 1908 | Month April | Day 6 | Years 37 | Months | Days |
| Sex | Female | Color or Race | White | Birth-place | Willow, Md. | |
| Occupation | Housekeeper | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Alice Soper | | | |
| Father's Name | William Virgil Wilburn | | | Father's Birthplace | Pens Pt. Md. | |
| Mother's Maiden Name | Priscilla Crawford | | | Mother's Birthplace | Parson, Md. | |
| Name of person giving information | Emory Wilburn | | | How related to deceased | Brother | |

CAUSES OF DEATH

93

How long

5 days

How long

5 hours

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Eclampsia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. H. Halbot

Address

Willow

Maryland

Accident or Suicide?



Name
in
Full

Abraham Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | |
|-----------------------------------|---|-------------------------|------------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Birth-place | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Matilda Thomas | | | |
| Father's Name | Thomas | Father's Birthplace | Balvert 60 | | |
| Mother's Maiden Name | Baptistina Burgess | Mother's Birthplace | Balvert 60 | | |
| Name of person giving information | Joe G. Scott | How related to deceased | None | | |

CAUSES OF DEATH

79

How long

6 months

How long

Primary

Val. dis. of Heart

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

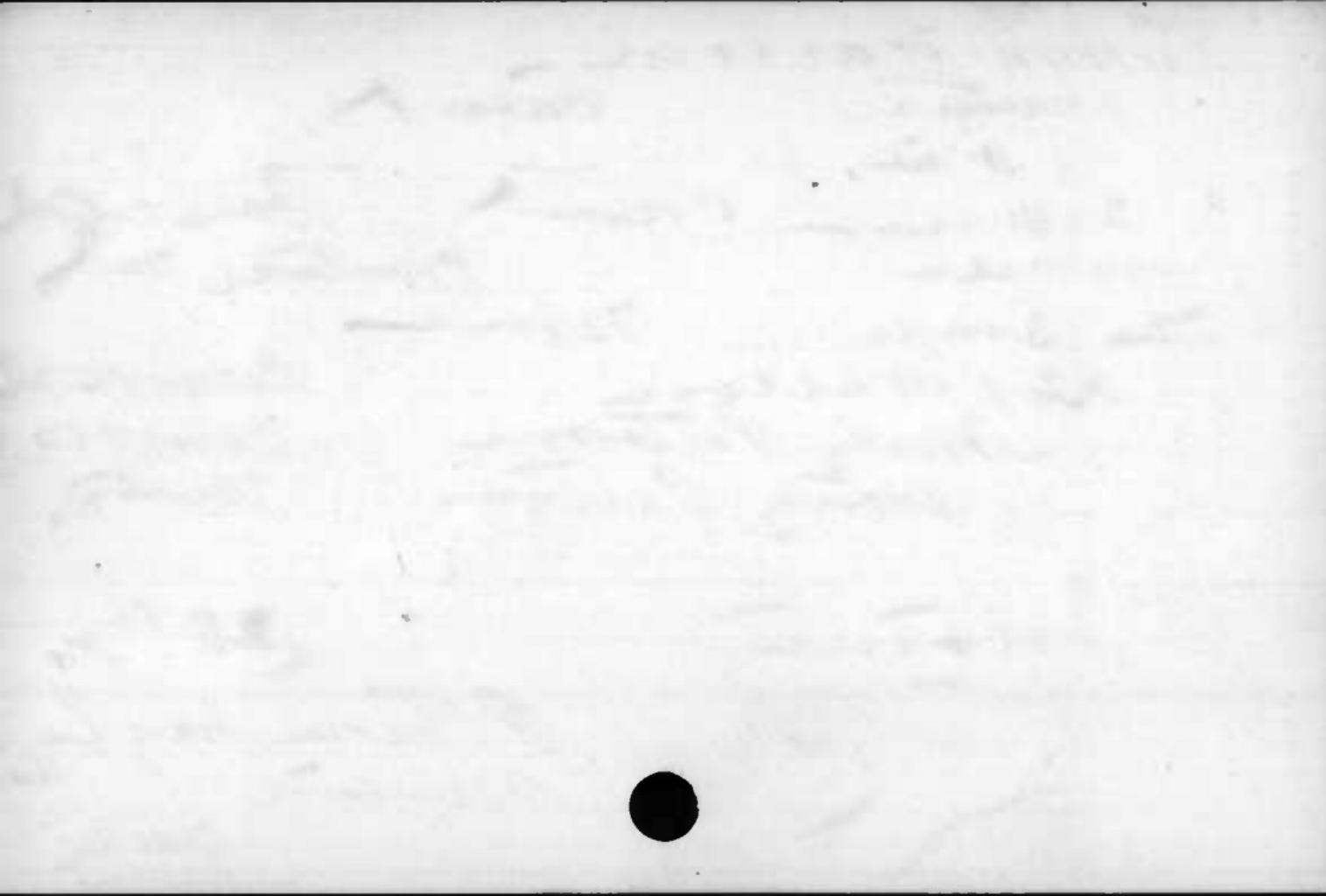
Signature of Physician

E. H. Hinman

Address

Lo. Marlboro,
Md.

Accident or Suicide?



Name
in
Full

Emma Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|--|--------|----------------------------|-------------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Martial Single or Widower | Name of Wife or Husband | | | | |
| Father's Name | Geo Wallace | | Father's Birthplace | Calvert Co. | |
| Mother's Maiden Name | Emily Patterson | | Mother's Birthplace | Calvert Co. | |
| Name of person giving information | Emily Patterson | | How related to deceased | Mother, | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Infection

Immediate
—

Are the name, age, sex, color, date
and place correctly given above?

Y

Accident or Suicide?

Signature of
Physician

Address

Physician Joe Leg
Mutual
yes

151

How long

How long

28 day.

